

HEALTH INFORMATION TECHNOLOGY COMMISSION

Minutes for November 2014 Meeting

Date: Thursday, November 20, 2014
1:00 pm – 4:00 pm

Location: MDCH
1st Floor Capitol View Building
Conference Room B & C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Gregory Forzley, M.D., Chair
Tim Becker (as the designee of Nick Lyon)
Irita Matthews (Phone)
Michael Chrissos, M.D. (Phone)
Mark Notman, Ph.D.
Robert Milewski
Orest Sowirka, D.O.
Nick Smith
Jim Lee
Patricia Rinvelt (Phone)
Jill Castiglione, RPh

Commissioners Absent:

Rodney Davenport, CTO

Staff:

Meghan Vanderstelt
Phillip Kurdunowicz
Kimberly Bachelder

Guests:

Holly Standhardt	Jeanne Barnstead	Jim McEvoy
Brian Barrie	Doug Dietzman	Bruce Maki
Tina Scott	Laura Rappleye	Clare Tanner
Teresa Fratto	Scott Larsen	Cynthia Green Edwards
Jeremy Glasstetter	Patrick Sheehan	Philip Vigés
Lindsey Weeks	Stephanie Kuzmich	George Bosnjak
Sylvia Roemer	Heather Slawinski	Dalton Herbel
Umbrin Ateequi	Chris Gillett	Dara Barrera
Andrew Schalk	Helen Hill	

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, November 20, 2014 at the Michigan Department of Community Health with 11 Commissioners present.

A. Welcome and Introductions

1. Chair Dr. Gregory Forzley called the meeting to order at 1:05 p.m.
2. Chair Dr. Forzley opened the floor to updates from the Commissioners.
3. Chair Dr. Forzley mentioned that he had recently presented at the Midwest Healthcare Information and Management Systems Society meeting in Chicago. He explained that his presentation focused on the evolution of health information technology and its role in clinical transformation.

B. Review and Approval of the 10/16/2014 Meeting Minutes

1. Chair Dr. Forzley presented the draft minutes from the last meeting to the Commission.
2. Commissioner Robert Milewski made a motion to approve the minutes, and Commissioner Jim Lee seconded that motion.
3. Chair Dr. Forzley asked if there were any objections to approving the minutes. Seeing none, Dr. Forzley noted that the minutes had been approved at 1:06 p.m.

C. Health Information Technology/Health Information Exchange Update

1. Chair Dr. Forzley asked Ms. Meghan Vanderstelt to provide an update on recent developments in the field of health information technology (HIT) and health information exchange (HIE) in Michigan. The PowerPoint slides will be posted to the commission website after the meeting.
2. HIT Commission Dashboard
 - a. Ms. Vanderstelt presented the November dashboard to the HIT Commission.
 - b. Ms. Vanderstelt also noted that the HIT Office is working with other staff from the Michigan Department of Community Health (MDCH) to develop an update on HIE activities related to the Michigan Care Improvement Registry (MCIR).
3. Electronic Consent Management System (eCMS)
 - a. Ms. Vanderstelt mentioned that the HIT Office is working towards finalizing the standard consent form in order to meet the legislative deadline of January 1, 2015.
 - b. Ms. Vanderstelt noted that the HIT Office is also collaborating with the MDCH Communications Office to finalize the “toolkit” of educational materials for consumers and providers.
 - c. Ms. Vanderstelt highlighted the need to have a framework in place to manage consent electronically on a statewide basis.
 - i. Ms. Vanderstelt noted that the CIO Forum produced a paper on developing an electronic Consent Management System (eCMS). She also noted that the Operations Sub-Workgroup for the Consent Form Workgroup had reviewed and approved the framework in the paper.
 - ii. Chair Dr. Forzley asked whether the commission had received a copy of the eCMS paper, and Ms. Vanderstelt confirmed that the commissioners received a copy of the paper as part of the pre-meeting email for October.
 - iii. Ms. Vanderstelt asked the Commissioners to forward any comments or questions on the paper to the HIT Office.
4. Annual Report
 - a. Ms. Vanderstelt noted that the HIT Office is starting to draft the annual report to the legislature for 2014.
 - b. Ms. Vanderstelt suggested that the commission should consider shifting the focus of the report away from the technical infrastructure and instead highlighting how the infrastructure could be used to promote data sharing.
 - i. Ms. Vanderstelt elaborated on this point by describing several potential “domains” that could serve as categories for the report.

- a. Current Domains for 2014
 - i. Stakeholder/Consumer Engagement
 - ii. Governance, Policy, and Innovation
 - iii. Privacy and Security
- b. New Domains for 2015
 - i. Care Coordination
 - ii. Person-Centered Planning
 - iii. Population Health and Data Analytics
- c. Commissioner Mark Notman asked for a definition of person-centered planning. Ms. Vanderstelt explained that person-centered planning building services and supports around the person's needs and that person-centered planning might have some connection to consumer engagement.
- d. Commission Lee asked whether person-centered planning is a goal of MDCH, and Ms. Vanderstelt affirmed that it fits within MDCH's strategic priorities.
- e. Commissioner Rinvelt inquired about whether person-centered planning involves outcome measurement. Ms. Vanderstelt clarified that outcome measurement might fit more appropriately with population health and data analytics but that these domains are not mutually exclusive.
- f. Ms. Vanderstelt proposed that the annual report also focus on how data sharing enables transformative efforts for the health care system.
- g. Ms. Vanderstelt noted that a draft proposal would be sent to the commission in December.
- h. Chair Dr. Forzley suggested that the HIT Office incorporate "stories" into the report in addition to technical descriptions of the HIT Commission's work: he explained that stories might help the legislators understand the value of individual use cases. Ms. Vanderstelt concurred with this idea.

D. Introduction to Long-Term Supports and Services

1. Chair Dr. Forzley invited Mr. Phil Kurdunowicz to present some background information on Long-Term Supports and Services (LTSS) to the commission. The PowerPoint slides will be posted to the commission website after the meeting.
2. Mr. Kurdunowicz highlighted several initiatives related to LTSS that might have data sharing components and could be reviewed by the HIT Commission.
 - a. Governor Rick Snyder's Special Message on Aging
 - b. Long-Term Care Lean Process Improvement Project
 - i. Mr. Kurdunowicz explained that the Long-Term Care Lean Process Improvement project originated from a request of the Governor during his Special Message on Aging.
 - ii. Mr. Kurdunowicz noted that the Governor asked MDCH, the Department of Licensing and Regulatory Affairs, and Department of Human Services to collaborate on making the LTSS system more efficient and coordinated.
 - iii. Mr. Kurdunowicz mentioned that MDCH applied for and received funding through the No Wrong Door grant as part of this project.
 - c. MI Health Link Demonstration – Mr. Kurdunowicz noted that integrating LTSS with other services and supports is a major focus of the MI Health Link program.
3. Mr. Kurdunowicz explained the history behind the different terms used to refer to LTSS.
4. Mr. Kurdunowicz also provided a basis operating definition for LTSS: "A spectrum of supports and services that an individual may use over an extended period of time to achieve

his or her needs or goals.” He also noted that individuals may move along the spectrum as their needs and goals change.

5. Mr. Kurdunowicz gave some examples of individuals who may use LTSS.
 - a. Mr. Kurdunowicz emphasized that there is a great diversity of individuals who use LTSS in terms of types of needs, age, and complexity of needs.
 - b. Mr. Kurdunowicz explained that the principle behind LTSS is that individuals have an identified need and an associated goal and receive services and supports to meet this need and goal.
6. Mr. Kurdunowicz explained that navigating the LTSS system to find appropriate services and supports is extremely complicated and frustrating.
 - a. Mr. Kurdunowicz explained how the LTSS system is a composite of many different types of providers, funding sources, and eligibility systems and emphasized that this complexity makes the system difficult to navigate for individuals and their families.
 - b. Mr. Kurdunowicz also mentioned that the MI Health Link Program will soon become part of this system and will act as an integration point between multiple providers and programs.
 - c. Mr. Kurdunowicz also pointed out the essential role of family, friends, and peers in helping individuals navigate this system.
7. Mr. Kurdunowicz highlighted some ways that data sharing could be used to improve the LTSS system.
 - a. Mr. Kurdunowicz described some themes that had arisen so far out of the Long Term Care Lean Process Improvement Project:
 - i. Recognizing and acting upon the choices of individuals through a person-centered process
 - ii. Making the eligibility process smoother for individuals
 - iii. Improving care coordination and transitions between settings
 - iv. Enabling the system to measure outcomes for individuals and populations and to fix itself over time
 - b. Mr. Kurdunowicz noted how these themes could overlap with the HIT Commission goals outlined earlier this year:
 - i. Consumer Engagement and Person-Centered Planning
 - ii. Care Coordination
 - iii. Population Health and Data Analytics
8. Dr. Tim Pletcher asked whether MDCH had considered how the IMPACT legislation that had recently been approved by Congress: Mr. Pletcher explained that the IMPACT legislation focused on aligning quality reporting for LTSS providers.
 - a. Mr. Kurdunowicz noted that MDCH had not reviewed this legislation yet but would be interested in looking into it. Mr. Kurdunowicz asked Dr. Pletcher to forward the legislation to the HIT Office.
 - b. Mr. Kurdunowicz also noted that MDCH is interested in working with individuals and providers to identify additional opportunities to improve the data sharing in the LTSS system.

E. State of Michigan’s Long-Term Care Lean Project – No Wrong Door Transformation Project

1. Chair Dr. Forzley invited Ms. Wendi Middleton of the Office of Services to the Aging (OSA) to present on the No Wrong Door Transformation Project to the commission. The PowerPoint slides will be posted to the commission website after the meeting.

2. Ms. Middleton explained that the purpose of the project is to offer streamlined and accessible LTSS for people of all ages, disabilities, and income levels regardless of payment source using a No Wrong Door (NWD) system.
3. Ms. Middleton outlined the history behind the project.
 - a. Ms. Middleton highlighted the role of the Aging and Disability Resource Centers in acting as networks to help people access services and supports.
 - b. Ms. Middleton noted that the Departments had formed a coordinating council to facilitate the planning and implementation of the NWD project.
 - c. Ms. Middleton also mentioned that OSA had received a \$220,000 grant from the federal government to operate this program. She explained that some of the funding is being used to secure help with executing a LEAN Process to analyze the LTSS system in Michigan.
4. Ms. Middleton outlined the leadership and state staff involved in the project.
5. Ms. Middleton noted that the 12 month goal of the project is to develop a set of recommendations for the Governor. She elaborated further that these recommendations will be used to develop a 3 year plan for improving the LTSS delivery system.
6. Commissioner Notman asked whether hospital discharge planning would be included as part of the project and how the providers that deliver services will be held accountable. Ms. Middleton noted that part of implementation will be developing training for providers and implementing new requirements for contractors in order to ensure accountability.
7. Commissioner Pat Rinvelt inquired about what the time period of the grant is and whether the grant is renewable.
 - a. Ms. Middleton noted that the grant lasts for one year and is non-renewable.
 - b. Commissioner Irita Matthews asked whether there are any additional grants on the horizon.
 - c. Ms. Middleton noted that OSA does not know the answer to that question at this point. She explained further that further funding may be available through the ADRC grant but that Congress would have to appropriate that funding.
8. Commissioner Rinvelt asked whether the Michigan government had investigated the work of other states in terms of LTSS activities. Ms. Middleton noted that the State government had reviewed the work of other states. She noted that other states had been doing managed care in LTSS for longer but Michigan might be more advanced in working on No Wrong Door.
 - a. Commissioner Mark Smith asked how LTSS fits into the broader continuum of care. Ms. Middleton noted that LTSS is part of the continuum of care and the goal of the No Wrong Door grant is to simplify the entry points for these services and improve the coordination of care.
 - b. Ms. Cynthia Green-Edwards also noted that part of the MI Health Link program is strengthening connections between physical health, behavioral health, and LTSS to form a continuum of care.

F. CareConnect360

1. Chair Dr. Forzley invited Ms. Green-Edwards to present on CareConnect360 and its potential application to LTSS. The PowerPoint slides will be posted to the commission website after the meeting.
2. Ms. Green-Edwards noted that the CareConnect360 tool could be leveraged for multiple initiatives including LTC Lean Project, No Wrong Door, and MI Health Link.
3. Ms. Green-Edwards outlined some of the data sources for MDCH initiatives including health information exchange, data extracts, and CareConnect360.

4. Ms. Green-Edwards explained that CareConnect360 is a web-based application that supports care coordination by allowing a 360-degree view of the person.
5. Ms. Green-Edwards walked through some screenshots of the CareConnect360 application and highlighted some of its features.
 - a. Ms. Green-Edwards noted that Prepaid Inpatient Health Plans and Medicaid Health Plans have access to this information in order to help improve outcomes for the individuals and populations that they serve.
 - b. Ms. Green-Edwards noted that the application provides a coordinated method of looking at demographic data, claims, and select types of chronic conditions.
 - c. Ms. Green-Edwards also highlighted some of the care coordination functions of the technology including entering notes into the application and tracking hospitalizations for the individual.
 - d. Ms. Green-Edwards also demonstrated the capacity of the application to support population health management.
6. Ms. Green-Edwards noted that MDCH would be expanding the functionality of the application by adding additional data sets and alerts.
7. Ms. Green-Edwards noted that integrating substance use disorder information into CareConnect360 requires consent from individuals and that the standard consent form could facilitate this process.
8. Commissioner Rinvelt asked how the list of chronic conditions is compiled.
 - a. Ms. Green-Edwards noted that the list is based upon claims and encounters that have a diagnosis on them.
 - b. Commissioner Rinvelt asked whether all of the data for CareConnect360 stems from one source. Ms. Green-Edwards explained that the data originates from multiple sources but is stored in the data warehouse.
9. Commissioner Rinvelt asked whether the disclosure of mental health and substance use disorder information follows “Break the Glass” rules. Ms. Green-Edwards confirmed that “Break the Glass” rules apply to mental health information but disclosure of substance use disorder information is dependent on having a signed consent form.

G. Open Forum on Long-Term Supports and Services and Health Information Technology/Health Information Exchange

1. Chair Dr. Forzley invited Ms. Vanderstelt and Commissioner Dr. Sowirka to help facilitate the forum on LTSS and HIT.
2. Commissioner Dr. Sowirka explained the challenges that he faces as a practitioner with accessing information on his patients in the LTSS system and coordinating their services.
 - a. Commissioner Dr. Sowirka noted that Electronic Health Records (EHR) in most nursing facilities are primarily designed to facilitate billing and do not support clinical care coordination. He also noted that these facilities do not receive federal incentives to adopt HIT.
 - b. Commissioner Dr. Sowirka mentioned that Adult Foster Care homes collect even less information than nursing facilities.
 - c. Commissioner Dr. Sowirka also noted that very little is known about the different types of HIT that these providers are using.
3. Commissioner Milewski also emphasized the difficulty of navigating the LTSS system and transitioning people between settings. He also highlighted the role that legislation, regulations, and payment systems play in making the system impossible to navigate.
4. Commissioner Lee asked whether any baseline assessments of the capabilities of LTSS providers exist.

- a. Commissioner Dr. Sowirka noted that very little is known about the extent to which providers have adopted HIT.
- b. Commissioner Lee asked the sub-states for their perspective on this issue.
- c. Mr. Doug Dietzman shared some of Great Lakes Health Connect's experience with LTSS facilities.
 - i. Mr. Dietzman noted that connectivity is secondary if providers do not have the technology and that many facilities do not have the necessary technology for digitizing their clinical records.
 - ii. Mr. Dietzman noted that many hospitals and physicians have attempted to connect to LTSS facilities in order to meet transition of care requirements for meaningful use but that most LTSS facilities are only able to receive messages through DIRECT mailboxes.
 - iii. Mr. Dietzman also reaffirmed that funding is a barrier to LTSS facilities adopting HIT.
- d. Chair Dr. Forzley highlighted the parallels between the historical experience of physical health providers with adopting EHRs and the current experience of LTSS providers: he emphasized the importance of funding to help jumpstart adoption even if it does not fully defray the costs of the technology.
- e. Dr. Pletcher mentioned the IMPACT (Improving Medicare Post-Acute Care Transition Act of 2014) legislation again and noted that the federal government may be laying the groundwork for incentives by requiring LTSS providers to standardize quality measure reporting.
- f. Commissioner Dr. Sowirka noted that local hospitals are reaching out to LTSS facilities to ask about connecting and asked how the state government could reach out to understand what types of connections are being made.
 - i. Commissioner Dr. Sowirka mentioned that the Department of Licensing and Regulatory Affairs (LARA) surveys nursing facilities and may be able to reach out to facilities to get an appreciation of the connectivity challenges for providers.
 - ii. Commissioner Matthews asked if there is a common place that all LTSS providers meet.
 - iii. Deputy Director Tim Becker suggested inviting them to the HIT Commission to discuss this issue.
 - iv. Ms. Middleton also recommended talking to LARA and also noted that there are a number of service providers that meet the needs of individuals at home or in the community.
 - v. Ms. Green-Edwards noted that the behavioral health community had a similar challenge with adoption and recommended identifying which hospitals or health systems had created connections to LTSS providers.
 - vi. Ms. Vanderstelt asked whether it was possible that larger hospitals and health systems are partnering with smaller LTSS providers.
 - vii. Commissioner Milewski supported this approach and noted the importance of focusing on specific use cases when contacting providers.
 - viii. Commissioner Lee also supported the idea of focusing on specific use cases but also noted the lack of technology at LTSS providers will make this endeavor a challenge.

- ix. Commissioner Notman emphasized the need to address the issue of coordination: he noted that technology cannot by itself solve the challenge of navigating the LTSS system.
- x. Deputy Director Becker asked whether it would help for the HIT Office to identify stakeholders in this field who could present at the next meeting. Mr. Kurdunowicz noted that there are a number of stakeholders in the LTSS community who could share their experience with the commission.
- g. Chair Dr. Forzley noted the challenge of reconciling medication lists.
 - i. Dr. Sowirka emphasized the importance of the data for medications being accurate and consistent.
 - ii. Commissioner Milewski noted that it is partly a systems issue with getting the facility pharmacist, hospital pharmacist, and primary care provider to talk with each other.
- h. Ms. Helen Hill emphasized the impact of lack of investment capital on procurement rates for HIT.
 - i. Ms. Hill noted that stakeholders on the national level are starting to recognize that a plan and investment are necessary in order to effectively manage transitions of care.
 - ii. Ms. Hill explained that significant work has been done on developing standards for exchanging LTSS data but more work is necessary in order to make regulation and legislation supportive of adoption. She suggested that the commission encourage the HIT Policy and Standards Committee to enact policy and payment levers to support adoption.
- i. Commissioner Lee noted the importance of focusing on specific use cases when discussing this issue with stakeholders in order to drive decisions.
- j. Ms. Vanderstelt noted that the HIT Office would use the information gleaned from this discussion to identify stakeholders for future HIT Commission discussions.
- k. Chair Dr. Forzley noted that this issue would likely surface again next yet.

H. Health Information Technology Commission Next Steps

- 1. Chair Dr. Forzley noted that the commission needs to elect a new co-chair as well as representative to the Michigan Health Information Network (MiHIN) board.
 - a. Chair Dr. Forzley noted that Commissioner Rinvelt is interested in serving both roles.
 - b. Commissioner Rinvelt confirmed her interest and outlined her experience with HIT and HIE.
 - c. Commissioner Milewski voiced his support for a motion to confirm Commissioner Rinvelt as the commissioner's new co-chair and representative to the MiHIN board.
 - d. Commissioner Lee seconded that motion.
 - e. Chair Dr. Forzley asked whether there were any objections to this motion. Seeing none, Chair Dr. Forzley noted that the motion had passed at 2:51 p.m.
 - f. Co-Chair Dr. Forzley noted that Co-Chair Rinvelt would likely lead the January meeting, which is scheduled for January 15, 2015.

I. Public Comment

- 1. Co-Chair Dr. Forzley opened the discussion to public comment.
 - a. Ms. Green-Edwards noted that the Michigan Identity, Credentialing, and Access Management System successfully went live in October.
 - b. Mr. Paul Groll also noted that the MI Login system also went live just before the election.

J. Adjourn – Co-Chair Dr. Forzley adjourned the meeting at 2:56 p.m.